

EXHIBIT A

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: BRAD ALLEN D.B.A CHIEF JUDGE 212 WEST ELM Street GRAHAM, North Carolina 27253		A. Signature X <i>Brad Allen</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label) 7019 0140 0000 4746 1769		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery			
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery			

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		COMPLETE THIS SECTION ON DELIVERY	
1. Article Addressed to: Meredith Edwards 1 Court Square Graham, North Carolina 27253		A. Signature X <i>Meredith Edwards</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label) 7019 0140 0000 4746 0892		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery			
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery			

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Domestic Return Receipt

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1. Article Addressed to: Josh Stein Attorney General 114 West Edenton Street Raleigh, North Carolina		A. Signature X <i>Josh Stein</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
2. Article Number (Transfer from service label) 9590 9402 2000 7094 5535 27		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery			
<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for			

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1. Article Addressed to:

John Neddy
212 West Elm Street
Graham, North Carolina 27253



9590 9402 3333 7227 5927 25

2. Article Number (Transfer from service label)

7019 0140 0000 4746 4050

PS Form 3811, July 2015 PSN 7530-02-000-9053

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1. Article Addressed to:

Jonathan Evans
P.O. Box 1326
Raleigh, North Carolina 27602



9590 9402 2966 7094 5536 33

2. Article Number (Transfer from service label)

7019 0140 0000 4746 1790

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X John Neddy

Agent
 Addressee

B. Received by (Printed Name)

John Neddy

C. Date of Delivery

4-27-22

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Mail
 Mail Restricted Delivery
 (0)

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Jonathan Evans

Agent
 Addressee

B. Received by (Printed Name)

Hannah SAWYER STAMP

C. Date of Delivery

OCT 01 2021
RALEIGH, NC

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Mail
 Mail Restricted Delivery
 (0)

Domestic Return Receipt

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1. Article Addressed to:

Elaine F. Marshall
2 South Salisbury Street
Raleigh, North Carolina 27601



9590 9402 7172 1251 7767 09

2. Art

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Secretary of State

C. Date of Delivery

JUL 12 2021
Mail Room

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Mail
 Mail Restricted Delivery
 (0)

Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p><i>John Noddy</i> <i>212 West Elm Street</i> <i>Graham, North Carolina</i> <i>27253</i></p> <p></p> <p>9590 9402 2966 7094 5538 17</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><small>Mail Mail Restricted Delivery 0)</small></p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7019 0140 0000 4746 0847</i></p>		<p>Domestic Return Receipt</p>	

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Domestic Return Receipt

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<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X <i>T C-1 C19</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>T C-1 C19</i> C. Date of Delivery <i>3/16/22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>W. J. Hopkins</i> <i>216 South Maple Street</i> <i>Graham, North Carolina</i> <i>27253</i></p> <p></p> <p>9590 9402 2966 7094 5537 87</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><small>Mail Mail Restricted Delivery 0)</small></p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7019 0140 0000 4746 0878</i></p>		<p>Domestic Return Receipt</p>	

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Domestic Return Receipt

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<ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature</p> <p>X <i>Glenn Tufts</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Glenn Tufts</i> C. Date of Delivery <i>3-16-22</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><i>Blackley, D</i> <i>105 State Street</i> <i>Haver River, North Carolina</i> <i>27258</i></p> <p></p> <p>9590 9402 2966 7094 5537 94</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input checked="" type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><small>Mail Mail Restricted Delivery 0)</small></p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt for Merchandise <input checked="" type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7019 0140 0000 4746 0878</i></p>		<p>Domestic Return Receipt</p>	

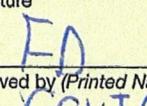
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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="text" value="Mark Keith Robinson"/></p> <p>C. Date of Delivery <input type="text" value="7/11/22"/></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Mark Keith Robinson 310 North Blount Street Raleigh, North Carolina 27601</p> <p></p> <p>9590 9402 7172 1251 7768 46</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7019 0140 0000 4746 0939</p>		<p>Mail Restricted Delivery (<input type="checkbox"/>))</p>	

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<p>1. Article Addressed to:</p> <p>Kristy Cole 216 S. Maple St Graham, North Carolina</p> <p></p> <p>9590 9402 5443 9189 7584 30</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>	
<p>2. Article Number (Transfer from service label)</p>			

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Domestic Return Receipt

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<p>1. Article Addressed to:</p> <p>Sean Boone, d.b.a. Alamance County D.A. 212 W. Elm St Graham, North Carolina</p> <p></p> <p>9590 9402 2966 7094 5536 40</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

WAYNE STUMP
STATE SENATOR

SENATE DISTRICT 10
STATE CAPITOL, ROOM 1010
PHOENIX, ARIZONA 85001
PHONE: 466-1001



COMMITTEES:
EDUCATION
WATER CHAIRMAN
STATE BUDGET
HEALTH & HUMAN SERVICES

Signed in my office on Dec. 10, 1985 while serving in the State Senate of Arizona.

MS:py

Arizona State Senate

Phoenix, Arizona

December 10, 1985

Ralph Millstead
Director
Department of Public Safety
State of Arizona
2310 North 20th Avenue
P.O. Box 6638
Phoenix, Arizona 85005

Dear Director Millstead:

It has come to my attention that numerous individuals in our state have rescinded all of their contracts with the United States federal government, the State of Arizona, and each of its political subdivisions, establishing themselves as freemen under the organic national Constitution of the Republic of the United States of America. Consequently, they may be driving without auto registration, driver's license, or any other evidence of contract.

Because many law enforcement personnel may be unaware of the contractual nature of auto registration and driver's licenses, it is conceivable that this situation may lead to confrontation between these individuals and law enforcement personnel.

I urge you to inform yourself and your personnel about this matter as soon as possible. If you would like to be briefed by someone knowledgeable on this subject, please contact me.

In the meantime, inasmuch as this procedure is entirely appropriate when properly carried out, I would like to be personally notified of every such instance of confrontation in order that the persons involved and the public officials involved may be apprised of the correct procedure and the appropriateness of their actions on the part of each concerned.

My office phone is 255-5261 and I am requesting to be notified of the names and incidents along with addresses and phone numbers of participants of any such confrontations arising from the exercise of a person's freeman status in order to evaluate the outcome of properly rescinded contracts.

Sincerely,

Wayne Stump
State Senator